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## BIB DATA SHEET

CONFIRMATION NO. 6040

|   |   |  |                                 |  |                          |                                |
|---|---|--|---------------------------------|--|--------------------------|--------------------------------|
| <b>SERIAL NUMBER</b><br>10/809,283  | <b>FILING or 371(c)<br/>DATE</b><br>03/25/2004<br><b>RULE</b>   | <b>CLASS</b><br>607                                      | <b>GROUP ART UNIT</b><br>3735   | <b>ATTORNEY DOCKET NO.</b><br>17922/09001 CON                |                          |                                |
| <b>APPLICANTS</b><br>Billies B. Butler, Elgin, SC;<br>Norma M. Higgins, Columbia, SC;<br><b>** CONTINUING DATA *****</b><br>This application is a CON of 10/135,876 04/30/2002 ABN /sgg 20080811/<br>which claims benefit of 60/287,646 04/30/2001<br><b>** FOREIGN APPLICATIONS *****</b><br><b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b><br>06/08/2004 |   |  |                                 |  |                          |                                |
| Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Verified and /SAMUEL G<br>GILBERT/<br>Acknowledged Examiner's Signature   |   | <input type="checkbox"/> Met after Allowance<br>Initials | <b>STATE OR COUNTRY</b><br>SC   | <b>SHEETS DRAWINGS</b><br>12                                 | <b>TOTAL CLAIMS</b><br>1 | <b>INDEPENDENT CLAIMS</b><br>1 |
| <b>ADDRESS</b><br>NELSON MULLINS RILEY & SCARBOROUGH, LLP<br>1320 MAIN STREET, 17TH FLOOR<br>COLUMBIA, SC 29201<br>UNITED STATES  |   |  |                                 |  |                          |                                |
| <b>TITLE</b><br>Magnetic therapy clothing articles and complex magnetic unit for use therewith  |   |  |                                 |  |                          |                                |
| <b>FILING FEE RECEIVED</b><br>460   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |  |                                 | <input type="checkbox"/> All Fees                            |                          |                                |
|   |   |  |                                 | <input type="checkbox"/> 1.16 Fees (Filing)                  |                          |                                |
|   |   |  |                                 | <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) |                          |                                |
|   |   |  |                                 | <input type="checkbox"/> 1.18 Fees (Issue)                   |                          |                                |
|   |   |  |                                 | <input type="checkbox"/> Other _____                         |                          |                                |
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